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**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**Julian Robert Fuentes, M.D.  
3330 Churn Creek Road, Suite B-3  
Redding, CA 96002**

**Physician's and Surgeon's  
Certificate No. G 45631**

**Case No. 800-2016-025706**

**AGREEMENT FOR  
SURRENDER OF LICENSE**

Respondent.

**TO ALL PARTIES:**

**IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the  
above-entitled proceedings, that the following matters are true:

1. Complainant, Kimberly Kirchmeyer, is the Executive Director of the Medical  
Board of California, Department of Consumer Affairs ("Board").

2. Julian Robert Fuentes, M.D., ("Respondent") has carefully read and fully  
understands the effect of this Agreement.

3. Respondent understands that by signing this Agreement he is enabling the  
Board to issue this order accepting the surrender of license without further process.  
Respondent understands and agrees that Board staff and counsel for complainant may  
communicate directly with the Board regarding this Agreement, without notice to or  
participation by Respondent. The Board will not be disqualified from further action in this  
matter by virtue of its consideration of this Agreement.

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1           4.       Respondent acknowledges there is current disciplinary action against his  
2 license, that on April 12, 2018, an Accusation was filed against him and on November 30,  
3 2018, a Decision was rendered wherein his license was revoked, with the revocation  
4 stayed, and placed on six (6) years' probation with various standard terms and conditions.

5           5.       The current disciplinary action provides in pertinent part, "Following the  
6 effective date of this Decision, if Respondent ceases practicing due to retirement, health  
7 reasons, or is otherwise unable to satisfy the terms and conditions of probation, Respondent  
8 may request voluntary surrender of Respondent's license." (Condition #17).

9           6.       Upon acceptance of the Agreement by the Board, Respondent understands  
10 he will no longer be permitted to practice as a physician and surgeon in California, and  
11 also agrees to surrender his wallet certificate, wall license and D.E.A. Certificate(s).

12           7.       Respondent fully understands and agrees that if Respondent ever files an  
13 application for relicensure or reinstatement in the State of California, the Board shall treat  
14 it as a Petition for Reinstatement of a revoked license in effect at the time the Petition is  
15 filed. In addition, any Medical Board Investigation Report(s), including all referenced  
16 documents and other exhibits, upon which the Board is predicated, and any such  
17 Investigation Report(s), attachments, and other exhibits, that may be generated subsequent  
18 to the filing of this Agreement for Surrender of License, shall be admissible as direct  
19 evidence, and any time-based defenses, such as laches or any applicable statute of  
20 limitations, shall be waived when the Board determines whether to grant or deny the  
21 Petition.  
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ACCEPTANCE

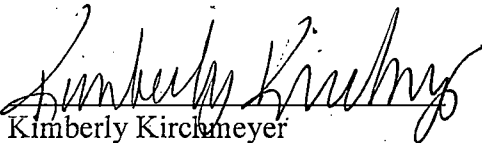
I, Julian Robert Fuentes, M.D., have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. G 45631, to the Medical Board of California for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California and that I have delivered to the Board my wallet certificate and wall license.

  
Julian Robert Fuentes, M.D.,

3/13/19  
Date

  
~~Attorney or Witness~~

3-13-2019  
Date

  
Kimberly Kirchmeyer  
Executive Director  
Medical Board of California

March 21, 2019  
Date

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